

# REQUEST FOR WEB-BASED TRAINING

## FAA Employee Information

1. Name: \_\_\_\_\_ Routing Symbol: \_\_\_\_\_  
2. Title/Series/Grade: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Course Information

**STUDENT:** Enter requested course(s) in ORDER OF PREFERENCE.

FOR OFFICIAL USE ONLY

COURSE TITLE	Course Length (# of Hours)	EMPLOYEE NOTIFIED	COURSE COMPLETED

## FAA INDIVIDUAL TRAINING NEEDS ASSESSMENT

1. I am currently working on \_\_\_\_\_  
\_\_\_\_\_
2. I will be working on the following new system/program/project: \_\_\_\_\_  
\_\_\_\_\_
3. I need to acquire the following knowledge and/or skill(s) to support these new responsibilities: \_\_\_\_\_  
\_\_\_\_\_
4. This training will contribute to the organization's workload/mission by: \_\_\_\_\_  
\_\_\_\_\_
5. What is the potential impact of not providing this training? \_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Concur \_\_\_\_\_ Nonconcur FAA Manager: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Duty Time (Arrangements to be worked out between the employee and his/hersupervisor.)

\_\_\_\_\_ Non-Duty Time Comment: \_\_\_\_\_  
\_\_\_\_\_

**Coordination:** Training Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

06/28/00 AIR Revised

*This assessment is in compliance with the requirements of Section 337 of the Fiscal Year 1996 Department of Transportation Act, Public Law No. 104-50.  
Completed form must be kept on file for 3 years*